Approved, SCAO

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STATE OF MICHIGAN 17TH JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	MOTION AND/OR ORDER TO SHOW CAUSE	CASE NO. 14-11012-FH

Court address
180 OTTAWA AVE NW GRAND RAPIDS, MICHIGAN 49503

Court telephone no.
(616) 632-5020

Plaintiff(s)/Petitioner(s)
MR. STACEY R. SMITH (APPELLANT).

v

Defendant(s)/Respondent(s)/Probationer
GEORGE S. BUTH (PRESIDING JUDGE) (APPELLEE).

☐ Probate ☐ Juvenile In the matter of (BREACH OF PLEA AGREEMENT DATED: 07/22/2015). 17TH CIR.

MOTION AND AFFIDAVIT

1. I am interested in this matter as MOTION FOR RELIEF OF JUDGMENT. MCR 6.502, MCR 6.503.

2. (PRESIDING JUDGE) HON. GEORGE S. BUTH.
Name (type or print)
☑ has failed to comply with an order dated 07/22/2015.
☑ is in contempt for BREACH OF 17TH CIRCUIT PLEA.

State with particularity admissible facts establishing this motion.
BREACH OF 17TH CIRCUIT PLEA AGREEMENT 07/22/15 -ORDER VACATING CONVICTION/NEW DISPOSITION.

3. I request an order directing (PRESIDING JUDGE) HON. GEORGE S. BUTH P-11479. to show cause why
Name (type or print)
☑ a. he/she should not be found in ☐ civil ☑ criminal contempt of court.
☑ b. judgment should not be entered against him/her (as surety/agent) for the full amount of recognizance.
☐ c. judgment should not be entered against him/her for failure to file a garnishee disclosure.

4. This affidavit is made on my personal knowledge and, if sworn as a witness, I can testify competently to the facts in this motion and affidavit.

Signature

Subscribed and sworn to before me on _____ (Date), _____ County, Michigan.

My commission expires: _____ (Date) Signature: _____

Notary public, State of Michigan, County of _____

ORDER

TO: PRESIDING JUDGE HON. GEORGE S. BUTH P-1179 (BREACH OF PLEA AGREEMENT) – Breach of Agreement set forth for (NON-PUBLISHED REGISTRATION) – S.O.R.A. AND, EXPARTE REQUEST FOR JUDICIAL REVIEW.

If you require special accommodations to use the court because of a disability or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

IT IS ORDERED:

5. You must appear before this court on 06/08/2018 (Date) at 1:30 PM (Time) at ☑ the court address above ☐ courtroom no. P-53941
☐ 180 OTTAWA AVE NW GRAND RAPIDS MICHIGAN 49503 (COURT ROOM OF HONORABLE J. JOSEPH ROSSI).
to show cause why
☑ you should not be held in ☐ civil ☑ criminal contempt
☑ for failure to comply with the order of this court as follows:
☑ for the reasons stated in the motion.
☐ a judgment should not be entered against you.
☑ your case should not be dismissed.
☑ other: MOTION TO TRANSFER TO CURE WANT OF JURISDICTION; U.S. DISTRICT JUDGE PAUL L. MALONEY.

6. Failure to appear for a contempt hearing may result in a bench warrant being issued for your arrest.

7. A copy of this must be served ☐ personally ☑ by mail on the person ordered to appear at least 21 days before the hearing.

06/08/2018
Date

Judge

P-53941.
Bar no.

MCR 2.107(B), MCR 2.108(D), MCR 3.606(A), MCR 5.108

MOTION AND/OR ORDER TO SHOW CAUSE
Case No.

PROOF OF SERVICE

TO PROCESS SERVER: You must make and file your return with the court clerk. If you are unable to complete service, you must return this original and all copies to the court clerk.

CERTIFICATE / AFFIDAVIT OF SERVICE / NONSERVICE

☐ **OFFICER CERTIFICATE**
I certify that I am a sheriff, deputy sheriff, bailiff, appointed court officer, or attorney for a party [MCR 2.104(A)(2)], and that: (notarization not required)

OR

☐ **AFFIDAVIT OF PROCESS SERVER**
Being first duly sworn, I state that I am a legally competent adult who is not a party or an officer of a corporate party, and that: (notarization required)

☑ I served a copy of the motion and/or order to show cause by:
☐ personal service ☑ first-class mail on:

Name(s)	Complete address(es) of service	Day, date, time
HON. GEORGE S. BUTH. P-11479	COUNTY OF KENT. ATTN: KENT COUNTY CORPORATE. 300 MONROE AVENW GRAND RAPIDS, MICHIGAN 49503	

☐ I have personally attempted to serve the motion and/or order to show cause on the following person(s) and have been unable to complete service.

Name(s)	Complete address(es) of service	Day, date, time

I declare that the statements above are true to the best of my information, knowledge, and belief.

Service fee	Miles traveled Fee	
$	$	
Incorrect address fee	Miles traveled Fee	**TOTAL FEE**
$	$	$

Signature

Name (type or print)

Title

Subscribed and sworn to before me on _____ (Date), _____ County, Michigan.

My commission expires: _____ (Date) Signature: _____ (Deputy court clerk/Notary public)

Notary public, State of Michigan, County of _____

ACKNOWLEDGMENT OF SERVICE

I acknowledge that I have received service of this motion and/or order to show cause on _____ (Day, date, time).

_____ (Signature) on behalf of _____.

For use by the court clerk only when the show cause proceeding is initiated by the court.

CERTIFICATE OF MAILING

I certify that on this date a copy of this motion and/or order to show cause was served on the person ordered to appear by first-class mail addressed to his or her last-known address as defined by MCR 2.107(C)(3).

Date

Signature